

STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment



Health Improvement Team Monthly Team Conference Call December 20, 2012

Location: Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South, Denver, CO 80246

In Attendance: Emily Kinsella Unit Manager
Kris McCracken Program Coordinator

[Transcriber's note: Recording begins with the meeting already in progress.]

Topic: How are WWC agencies increasing their screening numbers?

One of the participants suggested a sandwich board to be placed on the street outside the clinic advertising free women's wellness exams in the clinic. She also noted that October brings many clients, but currently, her clinic's numbers are down. She said that people tend to be too busy during this time of year, so they do not come in. Ms. Kinsella agreed. She said that this is usually a slow time for everyone. Ms. McCracken said this is consistently apparent in the data and in the billing runs.

Ms. McCracken noted that next month's call will serve as a continuation of this discussion. The call will feature community coordinators, who will talk about some of the things they can do to help increase clinics' volume. She asked participants to mark their calendars. She asked if any other participants had any additional insight or suggestions. Ms. Kinsella asked if anyone had done anything innovative to encourage volume. Ms. McCracken said that there are some more day-to-day outreach suggestions listed on the WWC website under Community Partnerships and Recruitment. Some of these activities are things with which the community coordinators can assist clinics.

Ms. Kinsella said that one agency takes advantage of other funding sources that bring women into the clinic for something else by being sure to screen those women for WWC to find out if they may be eligible for WWC funding as well. She gave an example of Komen funding bringing women into the clinic for breast screening. This may be an opportune time to investigate if eligible women need cervical services as well. Ms. McCracken pointed out that sometimes the women might actually qualify for WWC and just were not aware of it.

Ms. Kinsella also recommended pulling up past client lists and attempting to contact clients who failed to come back in for annual services. Ms. McCracken said that, at this time last year, some agencies decided to stop sending reminders because the agencies knew they were not going to be able to serve everyone who came in. If any agencies are in this position, they should probably consider sending reminders if they have not already done so.

Carolyn from Plains Medical Center agreed with the idea of getting women into the clinic for one program and then asking them about WWC. She said that her agency went back through their records to identify women who were enrolled in CACP. The agency drafted and sent a letter to those women to let them know that they may be eligible for WWC as well. This effort has brought in a few women. She said it was a pretty cheap way to reach out to potential clients.

Ms. McCracken said she had heard of some agencies that used their flu clinics as an opportunity to reach out to women about WWC. She noted that, when a woman is being seen for cold or flu, that might not seem like an ideal time to talk about WWC, but perhaps a reminder at that point could be helpful to some.

Kristi from San Juan Basin noted that her clinic printed out reports from last year and made reminder calls from those reports. This helped to boost her clinic's numbers. She noted that the clinic has also increased its WWC numbers by moving women in their forties from Title X to WWC. She pointed out that this has had a secondary effect of decreasing the clinic's Title X numbers. Ms. Kinsella pointed out that those women can be counted as Title X, too, because Title X does not fund for individual women. It is just a grant program to help support the clinic as a whole; therefore, women can be both WWC and Title X. Ms. Kinsella went on to say that WWC can be a payor source for Title X clients, similar to Medicaid or private insurance. Thus, these women can still be counted and entered into iCare. Unfortunately, the women will have to fill out paperwork for both programs.

Cheryl from Eagle Care said that her clinic participated in a 9News Health Fair in March. They set up a table for WWC and handed out a basic flyer that highlighted both WWC and Komen. She noted that her clinic also receives some pathology funding from United Way. They were able to outreach and talk to women in general terms about the services offered at the clinic. She also said they go through their upcoming appointment to double check women who might be eligible for WWC. They work with the financial counselor at the clinic to make sure that those women who might qualify receive WWC paperwork at their visit.

Theresa from ACS wondered if it was possible for WWC to publish something in an update or a newsletter regarding the Title X discussion for the benefit of any clinics that are not on the call today. She said she felt like some of the health departments in particular might be a little confused about how Title X and WWC can work together. Ms. Kinsella said she would be glad to do that. Ms. McCracken suggested that something could be published in an e-Connect newsletter. Ms. Kinsella cautioned that not all WWC women will automatically qualify for Title X and vice versa, so clinics have to check eligibility requirements for both programs separately. She said the largest area of overlap is in women in their forties.

Cynthia from Weld County said her clinic recruited heavily from its family planning program last year. An unfortunate result was that their core indicators dipped because none of those women were “rarely or never screened” because they had been seen on a regular basis. Ms. McCracken acknowledged that that can be a difficulty for family planning agencies, particularly in the area of mammograms, because family planning clients have probably been getting Paps and breast exams on a regular basis. She went on to say that WWC recognizes that this can be an area of challenge for certain clinics. Ms. Kinsella added that recruiting from family planning programs should be just one of a toolbox of recruitment strategies. She noted that this was a good thing to keep in mind when choosing and implementing various plans to increase screening volumes.

Jill, who works with WWC staff in Eagle, noted that that agency screens every woman for WWC before the women are seen for their appointment. She noted that this is a very effective way to identify WWC clients. Ms. McCracken said she had heard that from a number of agencies that do that and find it to be an effective strategy. Ms. Kinsella noted that while this “prescreening” approach might not be feasible for all clinics, most clinics can at least make the effort to make WWC paperwork available to women who might be eligible (i.e., they are in the appropriate age range), even if they are being seen for something else entirely. It also helps if all providers are aware of WWC’s eligibility requirements.

Carolyn from Plains Medical Center said that, when she does follow-up calls to give clients to their results and to make sure that their visit was pleasant, she asks if they wish to refer a friend. She opined that this is one way clinics can increase word of mouth. Ms. McCracken said the data on how women heard about WWC has not yet been analyzed, but just anecdotally, she has seen that most women are either referred by their provider or by friend and/or family.

Tina from Boulder Valley Women’s Health Center said she did not know how many agencies subcontract out for imaging, but her clinic subcontracts with Boulder Community Hospital. What she has done is met with the financial counselors there to educate them about WWC, even though the hospital is not a WWC provider. Thus, when women are sent to the hospital for imaging, and they cannot afford the services, those women can be encouraged to contact Boulder Valley for more information about the program. She said this has been effective. In years past, women were getting financial counseling through the hospital once they were diagnosed. The women would then contact Boulder Valley for emergency Medicaid coverage, but it would be too late at that point. By educating local providers who are not affiliated with WWC, more women can be reached before they are diagnosed.

Ms. Kinsella asked Tina if Boulder Valley was part of a physician's group, and Tina said that they were. However, Boulder Community Hospital is not in the same group, so they cannot share results easily. She noted that, if a clinic has not seen a particular patient, the clinic will not be able to access their records. So, if a referral has been given that a particular patient may be eligible for WWC, Boulder Valley cannot access that patient's records until they are seen in the clinic. Tina works with the breast cancer patient navigator in her area and their financial counselors. She gets about three phone calls a day from patients who want to know if they are eligible.

Ms. Kinsella said that, in the family planning program, providers are able to go to their network that shares EMR data and educate the other providers, particularly private practitioners, in the network on the services that they provide. Tina said it has taken her years to educate the community. She has hosted luncheons with raffles to attract area providers to learn about the WWC program. She said it has been a labor of love of many years, but she feels that a lot of women have benefitted. Ms. Kinsella acknowledged that WWC appreciates those efforts.

Ms. McCracken thanked everyone for attending and wished everyone happy holidays. Ms. Kinsella said she hoped that the meeting was helpful in terms of giving clinics some ideas for outreach or increasing screening volume. Ms. McCracken said that if agencies have concerns about their screening volume, or any other concerns, they are welcome to call anyone at WWC. WWC can put the agency in touch with the correct person. She also reminded agencies that they should be using this "quiet" period to focus on cleaning up their data. She said questions and needs regarding data cleanup can be directed to Amanda Howard. She reminded everyone that minutes from the call will be posted on the website if agencies need a refresher. She also said that if participants think of any other suggestions after the call has ended, they should email those to Ms. McCracken, and she will post those ideas as well.

Ms. McCracken asked all participants who were not included in the roll call at the beginning of the call to stay on the line. She thanked everyone for their participation, and the meeting was adjourned.

To make up the December 2012 HIT call please answer the following question and send to Kris McCracken at kris.mccracken@state.co.us: Which of the ideas above do you think will help increase screening numbers at your agency? If these ideas will not work for your agency, please send another idea.